
Skill Procedures: Securing the Patient to the Long Spine Board

I. Usage

1. This protocol describes the steps necessary to secure a patient to a long spine board. This would be considered the final stage of the immobilization process. The patient would have been extricated utilizing the Rapid Extrication technique, Supine Patient technique or KED prior to this point.

II. Indications

1. Patient has been extricated and is in place on the long spine board.

III. Procedural Protocols

1. Beginning at the ankles, secure the patient to the long spine board at the following areas;
 - A. Ankles.
 - B. Knees.
 - C. Hips.
 - D. Chest.
 - E. Shoulders.



Note Well: Manual alignment of the cervical spine must be maintained until the entire body is secured to the long spine board.

2. When available, 'spider straps' are preferable to standard straps. They should be applied in the same order as stated above.

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III. Procedural Protocols (continued)

2. Secure the patient's head to the long spine board after the previous areas are secured.
 - A. Utilization of a commercial device, blanket roll, or other device is acceptable, provided that the long spine board can be rotated onto its side without a change in body position.
3. Place the patient on the stretcher, and secure the patient to the stretcher utilizing the straps provided.

IV. Notes

1. Devices such as "spider straps" are recommended, so long as they are attached from the inferior aspect of the patient, and work towards the superior aspect of the patient.
2. Anytime a patient forcefully resists the placement of an immobilization device, consider not using the device. In some instances, the patient can do more harm by struggling against the device, than by lying quietly without one. *Document any such occurrence thoroughly.*